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Income Tax Return for Single and Joint Filers With No Dependents

2011

		Your first name and initial	La	ast name	I		You	r Social	Security r	number		
Please Print	f	If a joint return, spouse's first name and initial Last name					Spouse's Social Security number					
or Type	ľ	Home address (P.O. number and village).				Home phone no. Business phone no.						
	ľ	City, town or post office, state and ZIP code.					l home					
							Yes		No			
Income	1	Wages, salaries, tips, etc, attach form W-2AS					<u> </u>					
Attach Forms W-	2	Taxable interest. If the total is over \$400, you cannot use	e Form 390EZ.				2					
Also attach Form(s) 1099 if Samoa tax was withheld	3	Other income (List type and amount)										
Withinela	4	Add line 1, 2, and 3. This is your adjusted gross incom	ne				1					
) -	5	Can your parents (or someone else) claim you on their re					<u> </u>					
Note. You must check Yes or No		Yes. Enter amount from No. If single, enter \$7,200.00, If Married, enter \$12,950.00. See back for explanation.										
	6	Subtract line 5 from line 4. If line 5 is larger than line 4, 6 taxable income.	enter -0- This is you	r	>		ŝ					
Payments and Tax							7					
							8					
	9	This is your total income tax , line 7 or 8 whichever is larger					9					
	10	Wage tax (2% of line 1)					10					
_	11 Total Tax add line 9 and line 10					11						
12 Samoa income and wage tax withheld from Form W-2AS or Form(s) 1099						12						
Refund	13	If line 10 is larger than line 9, subtract line 9 from line 10. This is your refund .										
Amount you owe	14	If line 9 is larger than line 10, subtract line 10 from line 9. This is the Amount you owe. For details on how to pay, (Call the ASG Tax Office, refer to the Collection Section)										
Sign here		or penalties of perjury, I declare that I have examined this return, and ved during the tax year. Declaration of preparer (other	d to the best of my kno	owledge and belief, it is true,	correct, and accur	ately lis	ts all an	nounts ar	nd source	s of income I		
Joint return? Both spouses must sign		Your signature		Date	Your Occupation Daytime phone number		one number					
Keep a copy for your records.		Spouse's signature. If a joint return, both must sign.		Date	Your Occupation	Your Occupation Work phone number			number			
Paid	Prep signa	arer's ture		Date	Check if self- employed			Pre	eparer's S	SSN or PTIN		
preparer's use only		Firm's name (or yours if self employed), address and zip code			EIN							
Phone no.												